


FILE NOW: FILING FEE IS \$61.25

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**May 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N03527 (1)

1. Corporation Name
SABAL RIDGE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 100 SABAL RIDGE CIR PALM BEACH GARDENS FL 33410-2132	Mailing Address 100 SABAL RIDGE CIR PALM BEACH GARDENS FL 33410-2132
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3. Date Incorporated or Qualified 06/08/1984
4. FEI Number 59-2463780
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BECKER & POLIAKOFF
500 AUSTRALIAN AVE S
9TH FLOOR
W PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EINHOLZ, ANNA	1.2 NAME	EINHOLZ, ANNA
STREET ADDRESS	1301-H SABAL RIDGE CIRCLE	1.3 STREET ADDRESS	1301 W Sabal Ridge Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL	1.4 CITY-ST-ZIP	PBG FL 33418
TITLE	DESROCHERS, JOSEPH <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DESROCHERS, JOSEPH	2.2 NAME	McCombs, Bette
STREET ADDRESS	1301-A	2.3 STREET ADDRESS	8 Balfour Road
CITY-ST-ZIP	PALM BEACH GARDENS FL	2.4 CITY-ST-ZIP	PBG, FL 33418
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALONEY, BETTY	3.2 NAME	MALONEY, Betty
STREET ADDRESS	1901-H	3.3 STREET ADDRESS	1901 H Sabal Ridge Circle
CITY-ST-ZIP	PALM BCH GARDENS FL	3.4 CITY-ST-ZIP	PBG FL 33418
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROOVER, VIRGINIA	4.2 NAME	S
STREET ADDRESS	501-C SABAL RIDGE CIR	4.3 STREET ADDRESS	801 D Sabal Ridge Circle
CITY-ST-ZIP	PALM BCH GARDENS FL	4.4 CITY-ST-ZIP	PBG, FL 33418
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCAIR, BOB	5.2 NAME	McNair, Robert
STREET ADDRESS	1001-C	5.3 STREET ADDRESS	1001 C Sabal Ridge Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	5.4 CITY-ST-ZIP	PBG, FL 33418
TITLE	VP <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JONES, RAULINE	6.2 NAME	Fisher, Ralph
STREET ADDRESS	801-A SABAL RIDGE CIRCLE	6.3 STREET ADDRESS	1301 F Sabal Ridge Circle
CITY-ST-ZIP	PALM BEACH GARDENS FL	6.4 CITY-ST-ZIP	PBG, FL 33418

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (10/97)

Block 12 (continued)

Addition ✕

**Director
McAlister, William
601E Sabal Ridge Circle
Palm Beach Gardens, FL 33418**